



CITY OF MORRO BAY

City Hall
Administrative Services Division
595 Harbor Street
Morro Bay, CA 93442
(805) 772-6294

OUT OF TOWN CONTRACTOR BUSINESS LICENSE APPLICATION

Basic Tax	\$
Misc. Fee	\$
Total Amount Due	\$
Date Paid	
Check/CC	

Application for: ☐ New Business ☐ Change of Business Name ☐ Change of Location ☐ Change of Ownership

Business Name:	Bus. Start Date:
Corporate Name (if applicable):	Phone No.:
Business Location (cannot be P.O. Box per State of California Business & Professions Code – Section 17538.5):	Fax No.:
Mailing Address:	Email Address:
Description of Business:	Contractors: <input type="checkbox"/> Annual <input type="checkbox"/> One Job <i>Note: We will need a copy of your State Contractors Card</i>
	One-Job Location:
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any application for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access law at the following agencies:

- Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- Department of Rehabilitation at www.rehab.cahwnet.gov
- California Commission on Disability Access at www.cdda.ca.gov

The business license must be renewed annually by the date the license was first issued or the business owner will be in violation of the City's Municipal Code, and penalties will be assessed. Additionally, late charges of 10% per month will apply to all account balances when payment is not received within 30 days and will be reassessed each 30 days thereafter when a balance remains outstanding. All returned checks will be assessed service charge and the certificate will be nullified.

It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable federal, state, and city laws, the business license may be revoked by the City. It is also acknowledged that any false statements made above or on the Zoning and Building Clearance application pages are grounds for denial or revocation of the business license. I declare, under penalty or perjury under the laws of the State of California, that the information in this application is true and correct.

Owner/Representative Signature: _____ Title: _____

Date: _____

For Department Use Only – City Department Review and Approval			
Com Dev	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved
Fire	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved
Police	<input type="checkbox"/> Approved by: _____	Date: _____	<input type="checkbox"/> Not Approved



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OUT OF TOWN CONTRACTOR BUSINESS LICENSE Owner Information

Business Name: _____

Business Location: _____

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)	
1 st Owner Name:	Date of Birth:
Home Address (cannot be P.O. Box per State of California Business & Professions Code – Section 7538.5):	
Driver License Number:	Social Security Number:
Home Phone Number:	Cell Number:
2 nd Owner Name:	Date of Birth:
Home Address (cannot be P.O. Box per State of California Business & Professions Code – Section 7538.5):	
Driver License Number:	Social Security Number:
Home Phone Number:	Cell Number:
Resale Number:	State License Number:
Federal ID Number:	State License Type:
State ID Number:	Expire Date: